

Map# \_\_\_\_\_

ISDA use only

STATE OF IDAHO  
Department of Agriculture  
3904 E. Flamingo, Suite B, Nampa, Idaho 83687 or  
P.O. Box 401, Twin Falls, Idaho 83301  
**APPLICATION FOR INDIVIDUAL FIELD INSPECTION**

Company \_\_\_\_\_ Date Planted \_\_\_\_\_

Crop Type \_\_\_\_\_ Variety \_\_\_\_\_ Seed Lot No. \_\_\_\_\_ Acres \_\_\_\_\_

Number of Fields \_\_\_\_\_ Area Number \_\_\_\_\_ County \_\_\_\_\_ Method of Irrigation \_\_\_\_\_

Grower Name and Phone Number \_\_\_\_\_

Field Rep. Name and Phone Number \_\_\_\_\_

**BEANS and MINT ONLY**

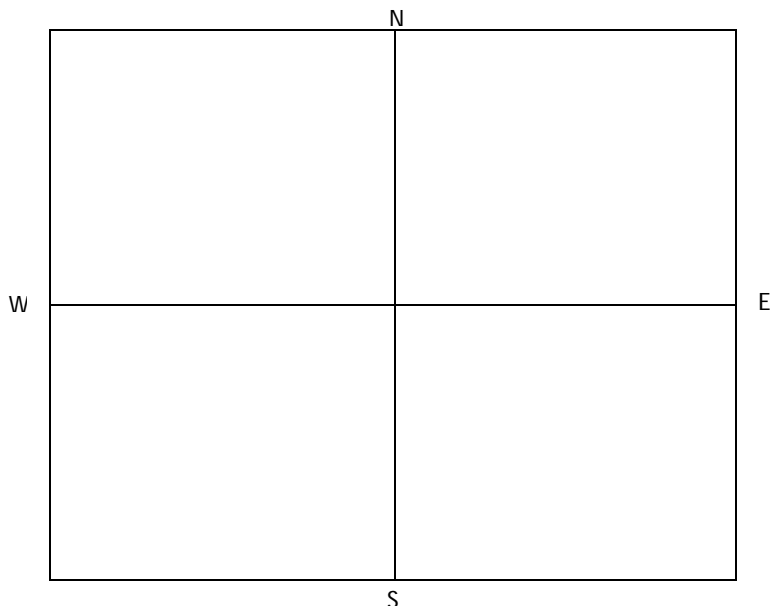
Parent Seed Lot No. \_\_\_\_\_ Pooling Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Parent Planting Certificate No. \_\_\_\_\_ Serologically Tested: Yes \_\_\_\_\_ No \_\_\_\_\_

Location of Field From Town \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

FIELD LOCATION MAP: Give exact location of field or fields from house,  
roads or other identifying landmarks.



Additional Diseases (Common Name/Scientific Name):

**Do not list default diseases**

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**INSPECTIONS:**

Field:	Date _____	Inspector _____
	Date _____	Inspector _____
	Date _____	Inspector _____

Cut date: \_\_\_\_\_ Harvest date: \_\_\_\_\_

Windrow/Digging:	Date _____	Inspector _____
	Date _____	Inspector _____

Comments:

Accepted/Rejected \_\_\_\_\_  
circle one) Initials